Central Park Visitor Center
40000 Paseo Padre Parkway, Fremont, CA 94538
www.fremont.gov

INFORMATION: (510) 790-5540
RESERVATIONS: (510) 790-5541
FAX: (510) 790-5549

Use Application/Permit
(You will need approved copy at time of use.)

Central Park: A ❑   B ❑   C ❑   D ❑   Sports Bag ❑   Non-Reserved ❑
Central Park Open Space ❑   Visitor Center Conference Room ❑
Shinn Historical Park ❑   Vallejo Adobe ❑   Fremont Community Center ❑
Teen Center Main ❑   Meeting Room ❑   Screening Room ❑   Game Room ❑

   Type of event:_____
   Use: Date_____ Day_____ Anticipated attendance:_____
   Start time:_____ AM ❑ PM ❑   End time:_____ AM ❑ PM ❑
Will alcohol be served? Yes ❑ No ❑   Will there be amplified music? Yes ❑ No ❑
Will money exchange hands at event (donation, solicitation, collection, etc.)?Yes ❑ No ❑
   If yes, explain:_____
Will signs or decorations be placed on City property for your event? Yes ❑ No ❑
   If yes, explain:_____
Will other services be provided? (caterer, performer, jump house, etc.) Yes ❑ No ❑
   If yes, list company/contractor names:_____
Will the public be invited to your event? Yes ❑ No ❑
Will this event be advertised? Web Site ❑ Radio ❑ Flyers ❑ Other ❑ _____

Any change, alteration or modification of above stated use must be approved in advance by Central Park Visitor Center staff. Change can result in cancellation of use or a change of the use area and/or fees. Any misrepresentation of your use/group, or failure to comply with Use Guidelines may result in expulsion from the park or facility of use and/or forfeiture of all fee(s) and deposit(s).

It is expressly understood and agreed that applicant/organization shall save, keep and hold harmless the City of Fremont, its officers, agents, employees and volunteers from all damages, costs or expenses that may at any time arise because of damages to property or personal injury using or occupying the facility.

I and/or my organization further expressly certify that I and/or my organization will be responsible for any damage or loss sustained to the grounds, building, furnishings or equipment; or unusual clean-up required, as a result of my and/or my organization's occupancy of the facility.

Please Print

Name:_____ Company/Organization:_____
Address/City/State/Zip:_____
(If this is a company/organization event, must use physical address of company/organization.)
Work phone #:_____   Home phone
#:_____
Fax #:_____
Signature:_____ Today's date:_____

Radio #: _____
Time: _____
Date: _____
Received: _____

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City Use Only

Client class: I   II   III   IV   V   VI   Approved ❑   Disapproved ❑
Amount(s) paid: Fee(s)_____   Deposit(s)_____   Total_____
         Charge ❑   Check ❑ #_____   Cash ❑
Remarks_____
Permit processed by:_____ Date processed:_____ Permit #:_____

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